

INCENTIVE BONUS
CASE FILE COVER SHEET

NAME	SSAN	UNIT
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☐ (NPS) ☐ (PS) ENLISTMENT/REENLISTMENT EXTENSION DATE
 TYPE BONUS AMOUNT - CASH ☐ \$1,000 ☐ \$750 ☐ \$500 PSEB / REENL ☐ \$450 ☐ \$900
 BONUS CONTROL NO. _____

DATE RECEIVED 3-LVL / COMPL IADT _____
 DATE FWD TO COMPTROLLER _____
 DATE RECD FM COMPTROLLER _____

DATE 1ST PAYMENT DUE _____
 DATE FWD TO COMDR _____
 DATE RECD FM COMDR _____
 DATE FWD TO COMPTROLLER _____
 DATE RECD FM COMPTROLLER _____
 AMOUNT DUE _____

DATE 2ND PAYMENT DUE _____
 DATE FWD TO COMDR _____
 DATE RECD FM COMDR _____
 DATE FWD TO COMPTROLLER _____
 DATE RECD FM COMPTROLLER _____
 AMOUNT DUE _____

DATE 3RD PAYMENT DUE _____
 DATE FWD TO COMDR _____
 DATE RECD FM COMDR _____
 DATE FWD TO COMPTROLLER _____
 DATE RECD FM COMPTROLLER _____
 AMOUNT DUE _____

DATE 4TH PAYMENT DUE _____
 DATE FWD TO COMDR _____
 DATE RECD FM COMDR _____
 DATE FWD TO COMPTROLLER _____
 DATE RECD FM COMPTROLLER _____
 AMOUNT DUE _____

DATE 5TH PAYMENT DUE _____
 DATE FWD TO COMDR _____
 DATE RECD FM COMDR _____
 DATE FWD TO COMPTROLLER _____
 DATE RECD FM COMPTROLLER _____
 AMOUNT DUE _____

DATE 6TH PAYMENT DUE _____
 DATE FWD TO COMDR _____
 DATE RECD FM COMDR _____
 DATE FWD TO COMPTROLLER _____
 DATE RECD FM COMPTROLLER _____
 AMOUNT DUE _____

REMARKS: